

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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8		/		/		
9		4		/		
10		/		/		
11		①		/		
12	/		/			
13		/		/		
14		2		/		
15		/		/		
16		/		/		
17		①		/		
18		①		/		
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27		4		/		
28		/		/		
29	/		/			
30		/		/		
31		2		/		
32		/		/		
33		①		/		
34	/		/			
35		/		/		
36	/		/			
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38		/		/		
39		3		/		
40		①		/		
41		①		/		
42		①		/		
43	/		/			
44		/		/		
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46		/		/		
47		4		/		
48	/		/			
49		/		/		
50		2		/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					